

# Hypertension and its management in countries in Africa and the Middle East, with special reference to the place of $\beta$ -blockade.

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## Abstract

The prevalence and clinical consequences of hypertension in countries in Africa and the Middle East have not been studied as well as in other regions. We have reviewed the literature on the epidemiology and management of hypertension and related cardiovascular complications in countries within Africa and the Middle East. A PubMed search for countries in the region and 'hypertension' was supplemented by articles identified from reviews, and by literature suggested by the authors. The prevalence of hypertension is >20% in some countries in the Middle East and Africa, despite an average population age that is some 10-15 years lower than those of developed countries. Hypertension in these countries is associated with an increased risk of cardiovascular risk factors and cardiovascular disease, as elsewhere. Awareness rates of hypertension are low. Hypertension and its complications are undertreated, and mortality rates from cardiovascular disease are higher than in developed countries. Available resources should be brought to bear on the management of hypertension in these countries. In particular, a recent downgrading of the importance of  $\beta$ -blockers in hypertension management guidelines needs to be reassessed. These agents are as effective as other antihypertensive classes both on blood pressures and on cardiovascular event rates. General concerns over an increased rate of new-onset diabetes with  $\beta$ -blockers have been overstated, although these agents should be avoided in metabolic syndrome.

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